Attachment A

County of Arrest:			2). The Federal rules prohibit you from making any further disclosure of this information unless furthe disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or				
Transferred to:		prosecute any alcohol or dr	ug abuse patient.	,,	on many model gate of		
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DWI CERTIFICATES OF COMPLETION* (DMH 508-R)							
1.	Name:	First					
2.	Address:	Street/Route	Middle	Last		Maiden	
3.	Telephone N			Xity ()	State	Zip	
4.	Driver's Lice	home		work State Other than NC		- · · · · · · · · · · · · · · · · · · ·	
6.	Gender: 01∐ Male 02∐ Female	7. Race/Ethnicity: 01 White 02 African American 03 Native American 04 Asian/Pacific Islander 05 Hispanic 06 Other (List):	8. Education Completed: 01 Less than 6th Grade 02 Less than 9th Grade 03 Less than 12th Grade 04 Completed HS/GED 05 Some College 06 Bachelor's Degree 07 Graduate Degree	9. Marital Status: 9. Marital Status: 9. O1 Never Married 9. O2 Married 9. Divorced 9. O4 Separated 9. Widowed	10. Date of Birth:		
12.	Arrest Date:	// 13 mm_ddyy	. Conviction Date:/		CR[
		SUBS	TANCE ABUSE ASSESS	***************************************	N		
15.	Interview Da	nte:// mm dd yy	16. Number of Prior DWI	Convictions:			
17.	01∏ Pre-Tri 02∏ Post-Tr	al 18 BAC 0	Local Agency Use On	ily:			
19.	Service Leve	el Recommended: 01	ADETS 02 20/30	<i>03</i> 40/60 <i>04</i> 9	0/90 05 90	06∐ Special	
20.	Facility Code	e:	21. Release of Inform	nation on File? YES	NO		
22.	ASAM Certified Physician's Signature: 23. Certificate #:						
24.	Certified Counselor's Signature: 25. Certification #:						
27.	26. Expire. Date:/_/						
		ALCOHOL & DRUG	EDUCATION TRAFFIC	SCHOOL (ADETS)	COMPLETION		
28.	Date Started:		29. Date Completed:	_// 30	. School #:		
31.	Certified Instr	<i>mm dd yy</i> uctor's Signature:	mn	n dd yy 32. Expire	. Date:	//	
SUBSTANCE ABUSE TREATMENT PROGRAM COMPLETION							
33.	Date Session	s Started:/_/_ 3	4. Date Sessions Comple	A - d	35. Facility Code:		
36.	Service Level	mm dd yy Completed: 01□ AD	ETS 02 🗌 20/30 03	mm dd yy]40/60 o4∏ 90/90		☐ Special	
37.	Fees Charged: \$ 38. Fees Received: \$ 50 0 04 00 04 00 05 00 05 00 06 00 00 00 00 00 00 00 00 00 00 00						
39.	Clinician's Sig	nature:		40. Completion	Date**://		
					mm dd	yy	

^{*} Statutory Authority: G.S. 122-C-142.1/G.S.20 - 17.6 Effective 01-01-96 Copies: Top - DMV 2nd - DHR 3rd - Agency 4th - Client

^{**} Entered only upon completion of financial obligations.